

## REFERENCES AND REVIEWS

THE GOLDEN ERA OF IRISH MEDICINE—K. M. Cahill. New Engl. J. Med.—Vol. 266:544 (March 15) 1962.

Clinical teaching was introduced to the English-speaking world during the first half of the 19th century. A school of medicine led by Graves, Stokes, Adams, Cheyne, Colles, Corrigan, Alcock, Houston, Wallace, and Rynd left behind not merely descriptions that became everyday eponyms in the history of medicine, but concepts of education including the need for bedside instruction and the first formal courses in public health. Disciples, in both Europe and the United States, propagated these original tenets of the Gaels so that they have become accepted practices in medicine today.

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SERUM ACID PHOSPHATASE ELEVATION IN CERTAIN MYELOPROLIFERATIVE DISEASES—R. Bases. New Engl. J. Med.—Vol. 266:538 (March 15) 1962.

Serum acid  $\beta$ -glycero-phosphatase was found to be elevated in 9 of 16 patients with myeloproliferative diseases. Levels of enzyme activity correlated with leukocyte count and platelet count or both in some patients. This new finding awaits further study.

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SPELLBINDING AND SPELLBREAKING IN CONVALESCENCE—G. Day. Lancet—Vol. 1:211 (Jan. 27) 1962.

"Spells" are unwarrantable doubts and fears implanted in a patient's mind by overcautious doctors, officious nurses, and lugubrious fellow patients. Inevitably they hinder and may even arrest convalescence. Active rehabilitation in-

volves discovering these "spells" and breaking them not by words alone but by deeds: making the patient try and prove to his own satisfaction that they are false. An impressive therapeutic examination ("a blunderbuss white spell") may often be necessary to dispel undisclosed fears too terrible to be uttered aloud.

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MUCOVISCIDOSIS AND ADULT CHRONIC BRONCHITIS—D. C. Muir, J. Batten, and G. Simon. Lancet—Vol. 1:181 (Jan. 27) 1962.

The fundamental disturbance in chronic bronchitis is abnormal secretion of mucus. The cause of this is not yet clear. Some authors observed high sodium chloride levels in the sweat of patients with bronchitis. The possibility arises of mucoviscidosis (where sweat electrolyte abnormalities occur) playing some part in bronchitis. The authors used the sweat plate test (Schwachman 1956, MacFarlane 1957) to examine 100 cases of chronic bronchitis, 42 of other mixed chest diseases, and 25 normals. No differences were found in the three groups observed. The authors conclude that mucoviscidosis plays no part in the causation of adult chronic bronchitis.

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DOUBLE LUMEN TUBE FOR GASTRIC AND ESOPHAGEAL WASHINGS—N. A. Ghossein and C. J. Britsch. Amer. J. Clin. Path.—Vol. 37:279 (March) 1962.

A double-lumen tube for gastric and esophageal washings for cytologic study is described. This tube allows normal saline to be injected into the organ desired and to be withdrawn simultaneously. This causes a flow of saline to wash the epithelium of the organ and increases desquamation of cellular material. The operation of this tube is simple. The tube has proved to be as safe to use as a nasogastric tube.

(Continued on Page 29)

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1. Ford, R. V.: Clin. Res. Notes 2:1 (Dec.) 1959. 2. Ford, R. V.: Cur. Therap. Res. 2:92 (Mar.) 1960. 3. Elliott, J. P., Jr., and Goldman, A. M.: South. M.J. 64:794 (July) 1961.

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